

October 7, 1998

**SURVEY FOR SECTION 305 REPORT (RCN 10-98-01)**

1. **PURPOSE:** This Veterans Health Administration (VHA) Directive provides the requirement and format for reporting data to be used in compiling the second annual Section 305 report.

2. **BACKGROUND:** Section 305 of Public Law 104-262, The Veterans' Health Care Eligibility Reform Act of 1996, requires the Department of Veterans Affairs (VA) to include in the materials submitted to Congress each year in support of the budget of the Department for the next fiscal year a report on activities and proposals involving contracting for performance by contractor personnel of work previously performed by Department employees.

3. **POLICY:** VHA health care facilities will compile and submit information in compliance with the reporting requirements of Section 305.

4. **ACTION**

a. Each VHA health care facility will complete VA Form 10-21013 (NR), Section 305 Survey, Sections I and II. Negative reports are required for each section.

b. Submit responses to VHA Headquarters, Office of Facilities Management, through the appropriate VISN (VISN \_\_\_/185), 810 Vermont Avenue, NW, Washington, DC 20420, or to fax number (202) 565-4283, no later than October 30, 1998. ***NOTE: Reports Control Number (RCN) 10-98-01 is assigned.***

5. **REFERENCES:** Public Law 104-262, Section 305, and Title 38 United States Code, Section 8110 (c).

6. **FOLLOW-UP RESPONSIBILITY:** The Chief Facilities Management Officer (185) is responsible for the content of this directive.

7. **RESCISSION:** VHA Directive 97-061, dated December 18, 1997 is rescinded. This VHA Directive expires January 31, 1999.

Thomas L. Garthwaite, M.D.  
Acting Under Secretary for Health

Attachments

DISTRIBUTION: CO:E-mailed 10/09/98  
FLD: VISN, MA, DO, OC, OCRO, and 200 - FAX 10/09/98  
EX:Boxes 104, 88, 63, 60, 54, 52, 47, and 44 - FAX 10/09/98

**THIS VHA DIRECTIVE EXPIRES JANUARY 1, 1999**



October 7, 1998

## ATTACHMENT A

**INSTRUCTIONS FOR COMPLETION OF SECTION 305 SURVEY FORMS  
REPORT CONTROL NUMBER ((RCN) 10-98-01)**

1. Complete Attachment B, VA Form 10-21013, Section 305 Survey, Sections I and II, as they pertain to your facility. Negative reports are required for each section.

a. **Section I.** (VA Form 10-21013A(NR)) Identify those specific activities that are currently performed at your facility by more than 10 employees which the facility proposes to study during the current Fiscal Year (1999) for possible contracting involving conversion from performance by VA employees to performance by employees of a contractor.

b. **Section II.** (VA Form 10-21013B(NR)) Identify those specific activities that have been contracted for performance by contractor employees during the prior Fiscal Year (1998), and describe the effect of such contracts on the quality of delivery of health services during such year.

***NOTE:*** *A separate form must be completed for each activity identified in this Section.*


2. Completed forms must be signed by the Surveyor (person conducting the survey) and the health care facility Director or Chief Operating Officer.

3. RCN 10-98-01 is due in VHA Headquarters (185) no later than October 30, 1998. To expedite the process, facilities may fax their responses to (202) 565-4283.




October 7, 1998

## ATTACHMENT B

		DEPARTMENT OF VETERANS AFFAIRS		SECTION 305 SURVEY (RCN 10-98-01)	
FACILITY NAME AND LOCATION				FACILITY NUMBER	
SECTION I					
IDENTIFY THOSE SPECIFIC ACTIVITIES THAT ARE CURRENTLY PERFORMED AT YOUR FACILITY BY MORE THAN 10 VHA EMPLOYEES WHICH THE FACILITY PROPOSES TO STUDY, DURING THE <b>CURRENT FISCAL YEAR (1999)</b> , FOR POSSIBLE CONTRACTING INVOLVING CONVERSION FROM PERFORMANCE BY DEPARTMENT EMPLOYEES TO PERFORMANCE BY EMPLOYEES OF A CONTRACTOR					
ACTIVITY NAME			ACTIVITY NAME		
NAME, TITLE AND SIGNATURE OF PERSON COMPLETING SURVEY (SURVEYOR)				DATE	
NAME AND SIGNATURE OF FACILITY DIRECTOR/CHIEF OPERATING OFFICER				DATE	

October 7, 1998

		DEPARTMENT OF VETERANS AFFAIRS		SECTION 305 SURVEY (RCN 10-98-01)	
FACILITY NAME AND LOCATION				FACILITY NUMBER	
SECTION II					
IDENTIFY THOSE SPECIFIC ACTIVITIES THAT HAVE BEEN CONTRACTED FOR PERFORMANCE BY CONTRACTOR EMPLOYEES DURING THE <b>PRIOR FISCAL YEAR (1998)</b> AND DESCRIBE THE EFFECT OF SUCH CONTRACTS ON THE QUALITY OF DELIVERY OF HEALTH SERVICES DURING SUCH YEAR					
ACTIVITY NAME			SAVINGS		
SCOPE OF CONTRACT					
DESCRIPTION OF THE EFFECT OF CONTRACT ON THE QUALITY OF HEALTH SERVICES					
NAME, TITLE AND SIGNATURE OF PERSON COMPLETING SURVEY (SURVEYOR)				DATE	
NAME AND SIGNATURE OF FACILITY DIRECTOR/CHIEF OPERATING OFFICER				DATE	